

PART B - FEE(S) TRANSMITTAL

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| | | |
|-------------------|-------------------|--------------------|
| 01/03/2005 HLE444 | 00000163 10047093 | (Depositor's name) |
| 01 FC:1501 | 1400.00 OP | (Signature) |
| | | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/047,093 | 01/17/2002 | Hiroshi Kayakiri | 217318US0DIV | 7879 |

TITLE OF INVENTION: SULFONAMIDE COMPOUNDS AND PHARMACEUTICAL USE THEREOF

Adjustment date: 01/03/2005 HLE444
 04/23/2004 HLI22 00000031 10047093
 01 FC:1501 -1330.00 OP

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$0 \$70 | \$0 | \$0 \$70 | 12/30/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| DENTZ, BERNARD I | 1625 | 514-469000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

OBLON, SPIVAK,
 McCLELLAND, MAIER
 & NEUSTADT, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Fujisawa Pharmaceutical Co., Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Osaka-shi, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee *Increase Only
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies -0-

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Joseph Scafetta, Jr.

Typed or printed name

Date

DEC 30 2004

Registration No.

Reg. No. 26,803

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